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Bib Data Sheet

CONFIRMATION NO. 3483

SERIAL NUMBER 10/719,630	FILING DATE 11/21/2003 RULE	CLASS 250	GROUP ART UNIT 2884	ATTORNEY DOCKET NO. 86270NAB
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** CONTINUING DATA ***** MT

NONE

** FOREIGN APPLICATIONS ***** MT

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged W. Bocchetti MT Examiner's Signature Initials	Allowance	NY	4	20	2

ADDRESS

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TITLE

Integrated scan module for a computer radiography input scanning system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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